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A Case of the Ruptured Pseudoaneurysm of Gastroduodenal Artery Treated by Transcatheter Embolization

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Pseudoaneurysm of the gastroduodenal artery unusually causes gastrointestinal hemorrhage, particularly in patients without chronic pancreatitis and pseudocysts. Because the ruptured pseudoaneurysm have high morbidity and mortality, early detection is critical for the proper treatment. Among the treatment modality for such bleeding, surgical intervention is associated with high mortality. On the other hand, transcatheter embolization is considered as a safe and effective method and thus, it is preferred as an initial therapy. We report a case of patient with ruptured pseudoaneurysm of the gastroduodenal artery, who presented with hematemesis and a large pulsatile epigastric mass. The diagnosis was established with contrasted abdominal computed tomography scanning and complete occlusion of the aneurysmal orifice was successfully achieved by transcatheter embolization using gelfoam and stainless steel coils. (**Kor J Gastroenterol 2000;35:796 - 800**)

Key Words: Gastrointestinal hemorrhage, Ruptured pseudoaneurysm, Transcatheter embolization

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20-30% .12

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5 cm

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(inflated balloon ca-

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coil gelfoam

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5 × 4 cm

(Fig. 2).

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coil (com-

39

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2

plex helicoil, diamond shaped coil) gelfoam

1989

Billroth-II

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120/70 mmHg

112 /

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10,020/

H₂L, 11.6 g/dL, 34.5%,

/ 6.6/

3.9 g/dL, AST/ALT 27/35 IU/L, 0.8

mg/dL, alkaline phosphatase 84 IU/L, -GTP 181

IU/L

Fig. 1. Preembolization CT scan finding. Preembolization abdominal CT scan shows a 8×6 cm sized mass with peripheral low and central enhancing density (arrows) which displaces the superior mesenteric vein leftward (arrowheads).

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